

The City of Bedford Heights
5661 PERKINS ROAD
BEDFORD HEIGHTS, OHIO 44146
PHONE: 440-786-3237 FAX: 440-786-3277



APPLICATION FOR BUILDING PERMIT

DATE: _____ 20 _____ FEE TOTAL: _____

☐ RESIDENTIAL

☐ COMMERCIAL

I, _____ (OWNER) hereby make application for a PERMIT to erect or build a structure as described in this application and the accompanying drawings, which are a part of this application.

PROPERTY OWNER: _____

LOCATION: _____ P.P.# _____
Being _____ feet front _____ feet rear _____ feet side _____ feet side

Purpose: _____

Occupancy: _____

Wall Construction: _____

Roof Construction: _____

Area; Basement _____ First Floor _____ Second Floor _____

Heating System: _____ Cooling System: _____

Fire Protection System: _____

Flood Hazard Area: YES NO (separate permit application required)

Estimated Cost: \$ _____

Designed by:

Name: _____ Ohio Registration #: _____

Address: _____

Phone # _____ Fax # _____

General Contractor:

Name: _____ Ohio Registration #: _____

Contact Name: _____

Address: _____

Phone # _____ Fax # _____

The acceptance of the Permit herein applied for shall constitute and agreement on OUR - MY part to abide by all of the conditions herein contained and to comply with Ordinances of the City of Bedford Heights and the laws of the State of Ohio relating to the work to be done thereunder; and said agreement is a condition of said permit.

Owner / Contractor _____

Date _____